

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 25 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20670

(6)

1. Corporation Name

HEALTH CARE DESIGNERS, INC.

Principal Place of Business

610 TOWSON AVENUE, SUITE 203
P.O. BOX 8185
FT. SMITH AR 72902

Mailing Address

610 TOWSON AVENUE, SUITE 203
P.O. BOX 8185
FT. SMITH AR 72902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/29/1988

3a. Date of Last Report

03/15/1994

4. FEI Number

71-0658984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

P.O. Box 8185

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. Box 8185

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
NEELY, JIM
1003 N. 9TH
VAN BUREN AR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
HUMISTON, RICHARD
524 MAY
FT. SMITH AR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
NIX, DIANE
3308 ROYAL SCOTS WAY
FT. SMITH AR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DOYLE, GERARD
1118 RUDY RD.
ALMA AR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Nix Diane Nix - Sec.-Treas. 3/10/95 601-783-5015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Number)